

profession is that of doing away with such unethical and improper rebating and discounting; to further which reform, the California Medical Association, through its Council, has gone on record calling the attention of the component county societies and their members to the need of eradicating the evil.

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A Proposed Amendment to the Industrial Insurance Act.—At a meeting of the California Medical Association Executive Committee, the problem was further discussed, and consideration given to the possibility of securing the adoption of an amendment to the present Industrial Accident Act, whereby a clause, such as that contained in sections 102 and 103 of the proposed Health Insurance Act, and modified to apply to industrial insurance, might be enacted into law. The passage of such an amendment to the existing statutes would go far in eliminating practices that have shed reproach upon the medical profession and which, unchecked, give advantages to so-called "chiselers" who secretly profit at the expense of more honest colleagues. Should the sections referred to, and herewith reprinted, be presented at Sacramento, it may prove interesting to observe from what sources and on what grounds, opposition to their enactment will come:

102. The rendering of services under this Act is a privilege, and any physician or dentist and any regularly established hospital, or laboratory, or any other person or agency able and desiring to render services necessary for the proper furnishing of benefits, shall be entitled to render services in accordance with the provisions of this Act; provided, however, that the Commission, after notice and a full opportunity to be heard pursuant to the provisions of this Act, may, upon determining that good and sufficient cause exists, revoke such privilege. The following shall be deemed to be good and sufficient cause for revocation of the privilege of rendering services under this act: fraud, deceit, intent to defraud, gross neglect, habitual intemperance, habitual use of narcotic drugs, rebate of fees or charges that will result in the actual rendering of services at rates below those for fees or charges that may be established by the Commissions, solicitation of patients, or any violation of the Medical Practice Act or Dental Practice Act of this State; provided that none of the aforementioned causes shall justify the revocation of such privilege unless done or committed while the physician, dentist, hospital, laboratory or other person or agency was rendering services under the provisions of this Act.

103. In addition to its own action against a physician or dentist for any of the causes specified as sufficient for the revocation of the privilege of rendering services under this Act, the Commission shall file a complaint with the State Board of Medical Examiners or the State Board of Dental Examiners, as the case may be, against any physician or dentist found by the Commission to be guilty of any of the acts specified in the State Medical Practice Act or State Dental Practice Act as cause for revocation of license.

WHERE SHALL LICENSURE OF SPECIALISTS BE CENTRALIZED?

Multitudinous Functions of the State Board of Health.—The sanitary and other codes of California are spotted with public health laws and legislation in which physicians have a natural interest. At each monthly meeting of the State Board of Health, that body is required to take

action on a docket of public health problems that is little less than appalling. Each succeeding legislative session, with its additions of new laws, specifies new duties for the department and its board members.* It may be proper to mention one of the recent problems having to do with the granting of licenses in laboratory specialties, and passed up to the State Board of Public Health.

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Shall the State Board of Health License Specialists?—Several proposed laws now before the legislature deal with licensure of general and x-ray laboratories by the State Board of Health, and the granting of certificates or licenses to physicians and others who have been found to be qualified to conduct the same. At the April 13 meeting of the Executive Committee of the California Medical Association, the point was raised that all forms of licensure relative to medical practice should be vested in and be retained by the California State Board of Medical Examiners. To confer some of the licensure authority on the State Board of Health would only result in undesirable duplication and confusion. With this principle, the members of the State Board of Health, by resolution, are in full accord; and in view of its attitude, it is to be hoped that all who, in the future, sponsor legislation providing for the licensure of persons having to do with phases of medical practice, will place such authority with the California State Board of Medical Examiners, where it properly belongs. Otherwise a non-licensure board would practically be given authority to create types of medical and other specialists, a function which, in one sense, is only indirectly related to the public health, and which neither the State Board of Health welcomes, nor physicians-at-large approve.

THE LEGISLATIVE MILL

Massive Amount of Proposed Legislation.—The perusal of reports of the proceedings in the Senate and Assembly chambers at Sacramento, as given in the newspapers, must make all citizens realize what a massive and confusing amount of general and special legislation has been submitted since January 3. In previous issues of the JOURNAL, lists of measures having a relation to public health and medical matters have been printed, with specific comment on some of the proposed laws.

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The Proposed Health Insurance Law: S. B. 454.—On April 12, the proposed health insurance law, the advent of which was long awaited by members of the profession and many lay citizens—not only in California, but in other states of the Union as well—made its appearance, as Senate Bill 454, under the sponsorship of Senators Williams, Difani and Tickle (the Interim Committee). The measure is commented upon elsewhere,¹ and before this May number of CALIFORNIA AND WEST-

* An article, on page 337 of this issue, by Dr. Howard Morrow, president of the State Board of Health, mentions some of the standing activities and responsibilities of the State Department of Public Health.

¹ Comments in this issue are printed on pages 388, 395, and 405.

ERN MEDICINE reaches its readers, all members of the California Medical Association will have received, from the office of the Association, a special letter and other printed information concerning the bill.² Every member is, therefore, urged to read the same, and to feel free to send to the Association Secretary such comments, suggestions or criticisms as may seem pertinent, and of which the Committee of Six will be glad to avail itself. In the attempt to formulate a law of such tremendous importance to medical practice, and which represents such a pioneering advance, with no precedent in American legislation by which to be guided, it is necessary that every word and line of the newly written statute shall be most carefully considered and appraised, lest errors creep in, which, by later court decisions (should the law be enacted), would nullify the stipulations laid down by the House of Delegates at the special session held at Los Angeles on March 2 and 3, when it gave its instructions to the Committee of Six. Members owe it to themselves, in view of their own personal interests, and also to organized medicine, as represented by the California Medical Association, not only to read the bill but to carefully study it, and to fully discuss it with fellow physicians. Such discussions should be supplemented by written communications on its merits and demerits sent in to the central office of the Association, in care of the Committee of Six or the secretary. And this, because every physician, both as a medical practitioner and as a citizen, has a right to be heard; the present time, being the best for giving expressions to opinions, whether for or against, before the bill is enacted into law.

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Comment on Other Proposed Legislation.—A. B. 1552, providing for a qualifying certificate act, is still in committee, having received many amendments from various sources. There is a growing sentiment that this bill, if it were to become a law through passage by the legislature, would fail to be of broadest use. For that reason, it may die in committee, thus permitting its consideration as an initiative measure at a future State election. Members who are interested in the measure should write to the State Printer at Sacramento, making request for a copy. Suggestions or criticism should be sent to the chairman of the special committee, whose report appears in the "Pre-Convention Bulletin," printed on page 317 of the April issue.

A. B. 2041, the dog pound (antivivisection) bill, is following the routine course of readings in committee. We have not learned whether its sponsor, Assemblyman Charles J. Wagner of Alameda, whose occupation in the Assembly roster is given as business manager of the Butchers' Union, will be as aggressive in its support as was former Senator Fellom, who espoused the measure in the legislative session of two years ago. Time will tell.

² Copies of the booklet, containing a copy of the S. B. 454, sold at one dollar each, may be secured by non-members upon application to the Association Secretary at Suite 2004, Four Fifty Sutter Building, San Francisco.

EDITORIAL COMMENT*

THE SEXUAL FACTOR IN PROSTATIC HYPERTROPHY

While the technique for the surgical removal or transurethral management of the hypertrophied prostate has reached a high degree of perfection, little advance has been made in recognizing the cause of this disease or the means of preventing it. Kenneth Walker's¹ survey indicates that prostatic enlargement is less common among the inhabitants of Japan, China, India, Philippines, and other parts of Africa, and among the negroes in North America. As a result of his rather extensive study, Walker believes that prostatic enlargement has an anthropological distribution and, according to frequency, he classes the races in the following order: Caucasian, Semitic, Arabic, Indian, Mongolian, and Negroid. Those countries in which prostatic enlargement is rare are the very places in which the sexual life is rather unrestricted.

What, then, is there about the sexual life of the Caucasian which predisposes him to prostatic hypertrophy? Is this form of tumor the price he pays for so-called "higher morality"? Why then should the celibate clergy escape it? Why should married men be particularly subject to it? *What is the relation between the sexual life and prostatic overgrowth?*

The statistics of hospitals, clinics, etc., conclusively show that the indiscretions of youth bear no definite relationship to the formation of prostatic tumor. On the other hand, every urologist knows that if a man leads a normal sexual life and then suddenly ceases to have indulgence, his prostate will become congested, frequently giving rise to urinary disorders; in such cases we find on rectal examination a large, tender prostate; on massaging such a prostate, we can usually express a copious quantity of prostatic secretion, together with the products of inflammation. Such an artificial evacuation is attended with relief of the symptoms and reduction in size of the gland. Ballenger, Elder, and McDonald² have reported a very significant observation in the matter of preventing benign enlargement of the prostate; among their patients who were periodically massaged there occurred no cases of prostatic hypertrophy. They reason that a mild irritating toxin produces the hyperplasia, and that by massage this toxin is eliminated. Von Lackum and Mitchell³ were able to obtain excellent results in the so-called bar obstructions by routine massage, instillation, and dilatation.

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Walker, K., *The Nature and Cause of Old Age Enlargement of the Prostate*, 1922.

² Ballenger, Elder, and McDonald, *Urol. and Cutan. Rev.*, No. 6, 1930.

³ Von Lackum and Mitchell, *J. Urol.*, 22:57, 1929.